

8-29-01

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Please type a plus sign (+) inside this box → 

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

Attorney Docket No.	TI-33210
First Inventor	David E. Kimble
Title	FIFO Architecture With In-Place Cryptographic Service
Express Mail Label No.	EL645457432US

1C979 U.S. PTO  
06/27/01

<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b>	
See MPEP chapter 600 concerning utility patent application contents		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/>	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/>	Specification (preferred arrangement set forth below)	a. <input type="checkbox"/> Computer Readable Form (CRF)	
	- Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	b. <input type="checkbox"/> Specification Sequence Listing on:  i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or  ii. <input type="checkbox"/> paper	
4. <input checked="" type="checkbox"/>	Drawing(s) (35 U.S.C. 113)	[ Total Pages 13 ]	c. <input type="checkbox"/> Statements verifying identity of above copies
5. <input type="checkbox"/>	Oath or Declaration	[ Total Sheets 5 ]	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s))
a. <input checked="" type="checkbox"/>	Newly Executed (original or copy)	[ Total Pages 1 ]	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney
b. <input type="checkbox"/>	Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)		11. <input type="checkbox"/> English Translation Document (if applicable)
i. <input type="checkbox"/>	<b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
6. <input type="checkbox"/>	Application Data Sheet See 37 CFR 1.76		13. <input type="checkbox"/> Preliminary Amendment
			14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
			15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
			16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
			17. <input type="checkbox"/> Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation     Divisional     Continuation-in-part (CIP)

of prior application No: \_\_\_\_\_ / \_\_\_\_\_ .

Group / Art Unit: \_\_\_\_\_

Prior application information: \_\_\_\_\_

Examiner: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS** Customer Number or Bar Code Label23494  
(Insert Customer No. or Attach bar code label here)or  Correspondence address below

NAME	Texas Instruments Incorporated		
ADDRESS			
CITY	STATE	TX	ZIP CODE
COUNTRY	TELEPHONE	(972) 917-5285	FAX (972) 917-4418

Name (Print/Type)	Dwight N. Holmbo	Registration No. (Attorney/Agent)	Reg. No. 36,410
Signature	<i>Dwight N. Holmbo</i>		Date 8-27-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL**

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12

TOTAL AMOUNT OF PAYMENT

(\$ 870.00)

**Complete If Known**

Application Number	To Be Determined
Filing Date	8/27/01
First Named Inventor	David E. Kimble
Examiner Name	To Be Determined
Group / Art Unit	To Be Determined
Attorney Docket No.	TI-33210

**METHOD OF PAYMENT**

1.  The Commissioner is hereby authorized to charge to the following Deposit Account,

Deposit Account Number

20-0668

Deposit Account Name

Texas Instruments Incorporated

- Charge any additional fee required or credit any overpayment  Charge all indicated fees and any additional fee required or credit any overpayment

2.  Payment Enclosed:

Check  Money Order  Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	\$710
106	320	206	160	Design filing fee	\$
107	490	207	245	Plant filing fee	\$
108	710	208	355	Reissue filing fee	\$
114	150	214	75	Provisional filing fee	\$
SUBTOTAL (1)					(\$710.00)

**2. EXTRA CLAIM FEES**

		Extra Claims	Fee from below	Fee Paid
Total Claims	17	-20** =	0	x 18 = 0
Independent Claims	5	-3** =	2	x 80 = 160
Multiple Dependent				270 = 0

\*\*or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent Claims in excess of 3
104	270	204	135	Multiple dependent claims in excess of 3
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$160)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

Complete (if applicable)

SUBMITTED BY				Reg. Number	36,410
Typed or Printed Name	Dwight N. Holmbo			Deposit Account User ID	N/A
Signature	Dwight N. Holmbo	Date	8-27-01		